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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

3800.01

First Named Inventor

John

IRVING

COMPLETE IF KNOWN

Application Number

Filing Date

July 12, 2002

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Method AND SYSTEM FOR SECURE COMMUNITY
PROFILE GENERATION AND ACCESS VIA A
COMMUNICATION System**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) [redacted] as United States Application Number or PCT International

Application Number [redacted] and was amended on (MM/DD/YYYY) [redacted] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Numbers) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? Yes | Certified Copy Attached? No |
|---------------------------------------|------------|-------------------------------------|--------------------------|---------------------------------|--------------------------------|
| [redacted] | [redacted] | [redacted] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| [redacted] | [redacted] | [redacted] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| [redacted] | [redacted] | [redacted] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| [redacted] | [redacted] | [redacted] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ OR Correspondence address below

Name

JAMES D. FORNIARI, ESQ

Address

645 MADISON AVENUE - 13TH FLOOR

City

New York

State

New York 10022

ZIP

Country

USA

Telephone

Fax

212-698-0567 212-698-0573

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any])

John

Family Name
or Surname

IRVING

Inventor's
SignatureResidence: City 352
DALY STREET
OTTAWA

State

ONT

Country

CANADA

Citizenship

CANADIAN

Mailing Address

352 Daly Street

City

OTTAWA

State

ONT

ZIP KING 69

Country

CANADA

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any])

Marcello

Family Name

or Surname

BURSZTEIN

Inventor's
Signature

J. BURSZTEIN

Date

JUNE 19, 2003

Residence: City

OTTAWA

State

ONT

Country

CANADA

Citizenship

ARGENTINEAN
CANADIAN

Mailing Address

335 Cooper Street - APT 23

City

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State

ONT

ZIP

K2P-0G6

Country

CANADA

Additional inventors or a legal representative are being named on the

supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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|--|---|---|------------------|
| DECLARATION | | ADDITIONAL INVENTOR(S) Supplemental Sheet | |
| Page <u>2</u> of <u>2</u> | | | |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| STEVE | | MULLIGAN | |
| Inventor's Signature | Steve Mulligan | | Date JUN 19/2003 |
| Residence: City | OTTAWA | State | ONT |
| | | Country | CANADA |
| | | Citizenship CANADIAN | |
| Mailing Address | 125 STEWART STREET -APT 404 | | |
| Mailing Address | | | |
| City | OTTAWA | State | ONT |
| | | Zip | K1N 6J3 |
| | | Country CANADA | |
| Name of Additional Joint Inventor, if any: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| PATRICIA | | LAJEU NESS | |
| Inventor's Signature | Patricia | | JUN 19/2003 |
| Residence: City | OTTAWA | State | ONT |
| | | Country | CANADA |
| | | Citizenship CANADIAN | |
| Mailing Address | 35 LANGENVIN AVENUE | | |
| Mailing Address | | | |
| City | OTTAWA | State | ONT |
| | | Zip | K1N 1G1 |
| | | Country CANADA | |
| Name of Additional Joint Inventor, if any: | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | | |
| Date | | | |
| Residence: City | State | | Country |
| | | Citizenship | |
| Mailing Address | | | |
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used to obtain or retain a benefit by the public which is to file complete, but timely, patent applications, preparing and summarizing the complete application form to the USPTO. Time will vary depending on the individual case. Any comments or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION - Supplemental Priority Data Sheet

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Approved for use through 04/30/2003 OMB #05-1003
PTO/SB/028 (05-03)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number

Filing Date

First Named Inventor

John IRVING

Title

Art Unit

Examiner Name

Attorney Docket Number

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 Practitioners at Customer Number

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 Practitioner(s) named below:

| Name | Registration Number |
|------------------|---------------------|
| JAMES D. FORNARI | 25,260 |
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JAMES D. FORNARI

Address

645 MADISON AVENUE - 13TH FLOOR

Address

City

NEW YORK

State

NY

Zip

10022

Country

USA

Telephone

212-698-0567

Fax

212-698-0573

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

John IRVING

Signature

Date

2003

Telephone 1-888-770-3333

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT****Application Number****Filing Date****First Named Inventor**

John IRVING

Title**Art Unit****Examiner Name****Attorney Docket Number**

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|-------------------------------------|---|------------------|--------------|-----|-------|
| <input checked="" type="checkbox"/> | Firm or Individual Name | JAMES D. FORNARI | | | |
| Address | 645 MADISON AVENUE - 13 TH FLOOR | | | | |
| Address | | | | | |
| City | NEW YORK | State | NY | Zip | 10022 |
| Country | U.S.A. | | | | |
| Telephone | 212-698-0567 | Fax | 212-698-0573 | | |

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**Name MARCELLO BURSZTEINSignature M. BursztteinDate JUNE 19, 2003Telephone 1-888-770-3333

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John IRVING

Title**Art Unit****Examiner Name****Attorney Docket Number**

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| <input checked="" type="checkbox"/> | Firm or Individual Name |
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JAMES D. FORNARI

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| Address | 645 MADISON AVENUE - 13 TH FLOOR | | | |
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| Address | | | | |
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| City | NEW YORK | State | NY | Zip | 10022 |
|------|----------|-------|----|-----|-------|

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| Country | USA | | | | |
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|-----------|--------------|-----|--------------|--|--|
| Telephone | 212-698-0567 | Fax | 212-698-0573 | | |
|-----------|--------------|-----|--------------|--|--|

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

| | | | | | |
|------|----------------|--|--|--|--|
| Name | STEVE MULLIGAN | | | | |
|------|----------------|--|--|--|--|

| | | | | | |
|-----------|----------------|--|--|--|--|
| Signature | Steve Mulligan | | | | |
|-----------|----------------|--|--|--|--|

| | | | | | |
|------|-----------|-----------|----------------|--|--|
| Date | 3/10/2003 | Telephone | 1-888-770-3333 | | |
|------|-----------|-----------|----------------|--|--|

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| <input checked="" type="checkbox"/> | Total of <u>4</u> forms are submitted. |
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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

| | |
|------------------------|-------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | John IRVING |
| Title | |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

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 Practitioner(s) named below:

| Name | Registration Number |
|------------------|---------------------|
| JAMES D. FORNARI | 25,260 |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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| <input checked="" type="checkbox"/> Firm or Individual Name | JAMES D. FORNARI | | | |
| Address | 645 MADISON AVENUE - 13 TH FLOOR | | | |
| Address | | | | |
| City | NEW YORK | State | NY | Zip 10022 |
| Country | USA | | | |
| Telephone | 212-698-0567 | Fax | 212-698-0573 | |

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 Applicant/inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-----------|-------------------|-----------|----------------|
| Name | PATRICK LAJUNESSE | | |
| Signature | <i>Pat</i> | | |
| Date | June 09/2003 | Telephone | 1-888-770-3333 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

| | | |
|---|---|----------------------|
| <input checked="" type="checkbox"/> *Total of | 4 | forms are submitted. |
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